

APPLICATION FOR
RENEWAL OF CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT
Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Use this form to renew the following certificates: Standard Teaching, Specialized Secondary-STEM, Administrative, Guidance Counselor, School Psychologist, Athletic Coaching, Standard Adult Education or Native American Language.

GENERAL INSTRUCTIONS AND INFORMATION

RENEWAL TIME FRAME: A 6-year certificate may be renewed 6 months prior to its expiration date and up to one year after it expires. If your certificate has expired for more one year you must reapply for certification under the requirements in effect at the time of re-application.

CERTIFICATE ALIGNMENT: An individual holding multiple valid certificates may renew all certificates at one time in order to align the expiration dates of each certificate. Certificates being aligned shall be renewed at the same time as the certificate that will expire first. Individuals seeking to align certificates shall meet the renewal requirements for EACH certificate being aligned. Current certificates aligned pursuant to this section may be valid for less than 6 years.

SUBMIT THE FOLLOWING:

- ☐ Completed Application for Renewal.
 - o Answer EVERY Criminal Question, sign and date the application.
 - o If you answer “Yes” to any Criminal History questions, you MUST submit a completed [Explanation of Incident](#) form.
 - ☐ A photocopy of your valid Arizona DPS IVP fingerprint clearance card (plastic).
 - ☐ A check or money order for the appropriate fee.
 - o Submit \$20 for EACH certificate being renewed.
 - o Submit an additional \$60 if you are applying for a full SEI Endorsement. **NO ADDITIONAL FEE IS REQUIRED IF YOU ALREADY HOLD A FULL SEI ENDORSEMENT.**
- Acceptable forms of payment are personal check, money order, or cashier’s check made payable to “ADE” (Arizona Department of Education). **Cash will not be accepted.** Fees are not refundable.
- ☐ Verification of the required clock hours or semester hours of professional development completed during the last valid period of the certificate(s) to be renewed.
 - o **DISTRICT VERIFICATION:** Completed and signed Section 4 on page 3 of the application.
 - o **APPLICANT VERIFICATION:** Submit official transcripts if using college coursework toward renewal. Please see section 4 for details on other documentation that may be used to verify professional development hours.

STRUCTURED ENGLISH IMMERSION (SEI) ENDORSEMENT REQUIREMENT:

Applicants renewing a **Standard Teaching, Specialized STEM, or Administrative** certificate must either currently hold, or qualify for and apply to add, the Structured English Immersion (SEI), **full** English as a Second Language (ESL), or **full** Bilingual Endorsement. The Guidance Counselor, School Psychologist, Standard Adult Education, Athletic Coaching, and Native American Language certificates do **NOT** require the SEI endorsement. Note: Effective June 22, 2015 applicants who completed 45 clock hours or 3 semester hours of SEI training to qualify for the Provisional SEI endorsement are not required to complete additional training for the full SEI endorsement.

The requirements for the full SEI endorsement are:

- 45 clock hours or 3 semester hours of state approved SEI endorsement or comparable training from another state. Submit a copy of the SEI training certificate(s) OR an official transcript(s) showing completion of an approved SEI course.

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CERTIFICATION FEES: Submit \$20 for each certificate to be renewed. If applicable, submit an additional \$60 to add the SEI Endorsement. Acceptable forms of payment are personal check, money order, or cashier's check made payable to "ADE" (Arizona Department of Education). Cash Will Not Be Accepted. Fees Are Not Refundable.

SEI REQUIREMENT - Are you applying for the SEI Endorsement? If yes, please check the SEI endorsement below:

_____ **SEI Endorsement** \$60

SECTION 1: PERSONAL INFORMATION - Please use blue or black ink.

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
Full Legal Name: _____
Last First Middle
Mailing Address: _____
Street Number or P.O. Box City State Zip
Telephone: (____) _____-____ **Email Address:** _____
Ethnicity: _____ American Indian or Alaskan Native _____ Black or African-American (Not-Hispanic) _____ White (Not-Hispanic)
_____ Asian or Pacific Islander _____ Hispanic or Latino _____ Other

ATTENTION:



If "YES" is indicated for any of the following questions, you must attach an *Explanation of Incident* form to your application before it can be processed. You may download the form at: <http://www.azed.gov/educator-certification/downloadable-certification-forms/>

ATTENTION:



SECTION 2: CRIMINAL HISTORY - Answer *EVERY* question, sign and date. Attach *Explanation of Incident*, if required.

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|---|--|
| <p>1. ➤ YES__ NO__ Have you ever had any professional certificate or license, revoked or suspended?</p> <p>3. ➤ YES__ NO__ Have you ever been convicted of any felony offense?</p> <p>5. ➤ (Answer every question.) Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?</p> <p>➤ YES__ NO__ Second-degree murder</p> <p>➤ YES__ NO__ Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>➤ YES__ NO__ Sexual assault</p> <p>➤ YES__ NO__ Molestation of a child</p> <p>➤ YES__ NO__ Sexual conduct with a minor</p> <p>➤ YES__ NO__ Commercial sexual exploitation of a minor</p> <p>➤ YES__ NO__ Sexual exploitation of a minor</p> <p>➤ YES__ NO__ Child abuse</p> <p>➤ YES__ NO__ Kidnapping</p> <p>➤ YES__ NO__ Sexual abuse of a minor</p> <p>➤ YES__ NO__ Taking a child for the purpose of prostitution as prescribed in section A.R.S. § 13-3206</p> <p>➤ YES__ NO__ Child prostitution as prescribed in section ARS § 13-3212</p> <p>➤ YES__ NO__ Involving or using minors in drug offenses</p> | <p>2. ➤ YES__ NO__ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?</p> <p>4. ➤ YES__ NO__ Have you ever been arrested for any offense for which you were fingerprinted?</p> <p>5. ➤ (Answer every question.) (continued) Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?</p> <p>➤ YES__ NO__ Continuous sexual abuse of a child</p> <p>➤ YES__ NO__ Attempted first-degree murder</p> <p>➤ YES__ NO__ Any other dangerous crime against children as defined in section A.R.S. § 13-604.01</p> <p>➤ YES__ NO__ Any of the above listed offenses if committed as a reparatory offense as described in A.R.S. 13-1001</p> <p>➤ YES__ NO__ Any offense causing you to register as a sex offender</p> <p>➤ YES__ NO__ First-degree murder</p> <p>➤ YES__ NO__ Armed Robbery</p> <p>➤ YES__ NO__ Incest</p> <p>➤ YES__ NO__ Exploitation of minors involving drug offenses</p> <p>➤ YES__ NO__ Sexual abuse of a vulnerable adult</p> <p>➤ YES__ NO__ Sexual exploitation of a vulnerable adult</p> <p>➤ YES__ NO__ Commercial sexual exploitation of a vulnerable adult</p> <p>➤ YES__ NO__ Abuse of a vulnerable adult</p> <p>➤ YES__ NO__ Molestation of a vulnerable adult</p> <p>➤ YES__ NO__ Neglect of a vulnerable adult</p> |
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I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Applicant's Signature _____

Date _____

APPLICATION FOR RENEWAL OF CERTIFICATE

SECTION 3: PROFESSIONAL DEVELOPMENT -

Standard Teaching, Specialized Secondary-STEM Teaching, Administrative, Guidance Counselor, and School Psychologist certificates may be renewed upon completion of 180 clock hours of professional development activities; or 12 semester hours of education coursework posted on official transcripts; or a combination of the two completed during the valid period of the certificate(s) to be renewed. **Guidance Counselor** and **School Psychologist** certificates do not require SEI training.

Standard Adult Education, Athletic Coaching, and Native American Language certificates may be renewed completion of 60 clock hours of professional development activities; or 4 semester hours of education coursework posted on official transcripts; or a combination of the two is required for renewal. The **Athletic Coaching** certificate renewal also requires a valid certification in First Aid and CPR. **Adult Education, Athletic Coaching, and Native American Language** certificates do not require SEI training.

Professional Development requires the completion of activities after the most recent issuance or renewal of the certificate and shall relate to Arizona academic or professional educator standards or apply toward the attainment of an additional Arizona certificate, endorsement or approved area. Professional development shall consist of any of the following activities:

Professional Development Activities:	Documentation Required:
Academic courses related to education or a subject area taught in Arizona public schools.	Official transcripts from an accredited institution. Each semester hour of courses is equivalent to 15 hours of professional development.
District or school-sponsored in-service training specifically designed for professional development.	Written verification from the sponsoring district or school stating the dates of participation and number of clock hours earned.
Professional conferences and workshops related to the profession of teaching or the field of public education.	Conference agenda and a statement or certificate from the sponsoring organization noting clock hours earned in training sessions. Limited to 30 clock hours per year.
Business internship. Internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching curriculum with workplace skills.	Written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned. Limited to 80 clock hours.
Educational research. Research shall be sponsored by a research facility or an accredited institution or funded by a grant.	The published report of the research or verification by the sponsoring agency and a statement of the dates of participation and the number of clock hours earned.
Serving in a leadership role of a professional organization related to the profession of teaching or the field of public education.	Written verification by the governing body of the professional organization of the dates of service and clock hours earned. Limited to 30 clock hours per year.
Serving on a visitation team for a school accreditation agency.	Written verification from the accreditation agency of the dates of service and clock hours earned. Limited to 60 hours per year.
Completion of the process for certification by the National Board of Professional Teaching Standards.	Written verification from the National Board of Professional Teaching Standards and a statement from the employing district or school verifying the dates and clock hours earned during the certification process.

SECTION 4: DISTRICT VERIFICATION OF PROFESSIONAL DEVELOPMENT -

☐ I verify that this applicant has completed _____ clock hours of professional development activities during the last valid period of the following certificates to be **RENEWED**:

If aligning certificates...

☐ I also verify that this applicant has completed _____ clock hours of professional development activities during the last valid period of the following certificates to be **ALIGNED**:

Verified by: _____
(Superintendent or HR Director's Signature) (Print Name)
Title: _____

Date: _____
School District: _____

SECTION 5: APPLICANT SUBMISSION OF PROFESSIONAL DEVELOPMENT SEMESTER HOURS:

☐ I (Applicant) verify completion of _____ semester hours of education or subject area courses taken from an accredited institution during the valid period of my certificate(s) to be renewed. I have enclosed official transcript(s) documenting hours.

Applicant's Signature

Date